

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07300 181

1. PLACE OF DEATH:

County Harford
 City or town Churchville Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Harford
 City or town Churchville Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Granville C. Boyle

3. (b) Social Security Number

None4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Hanora Boyle7. Birth date of deceased (mo., day, yr.) Feb. 6, 1885 6. (c) If alive, give age _____ years8. AGE: Years 63 Months 7 Days 23 If less than one day _____ hrs. _____ min.9. Birthplace Richardson Co., Nebraska
(Town, county, and state)10. Usual occupation Retired11. Industry or business Clerk of Circuit Court12. Name Granville Boyle13. Birthplace Cecil Co., Md.14. Maiden name Margaret Pakilant15. Birthplace Harford Co., Md.16. Informant Mrs. Granville BoyleAddress Churchville, Md. R.R.17. Burial Aug. 2, 1948

(Burial, cremation, or removal? Which?) Date thereof (month) (day) (year)

Cemetery or crematory Churchville Cem.Location Harford Co., Md.18. Funeral director H. S. BaileyAddress Darlington, Md.19. July 31 19 48 Barthel B. Knight

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 19 48 at 6:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 yr 19 47 to July 19 1948and that I last saw him alive on July 20 19 48

Immediate cause of death _____ DURATION

Coronary embolism sludgedDue to Hypertensive C.V. Disease - 4 yrs.

Due to _____

Other conditions Diabetes mellitus 4 yrs.Periodontal disease 1 yr.

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

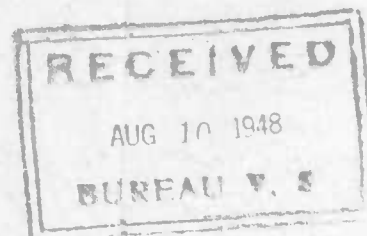
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Barthel B. Knight M. DoctorAddress Churchville, Md. Date signed July 31



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Harford

City or town Benson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Harford

City or town Benson
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mabel Lulu Cain

3. (b) Social Security Number

4. Sex

SI

5. Color or race

Cl

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

David Cain

7. Birth date of deceased (mo., day, yr.)

Feb 28 1887

6. (c) If alive, give age, _____ years

8. AGE:

Years 61

Months 4

Days 21

It less than one day

hrs. _____ min.

9. Birthplace

md
Housewife

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which)

Date thereof 7/24/48
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 21, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 13, 1948 to July 21, 1948
and that I last saw her alive on July 21, 1948

Immediate cause of death

Cerebral Embolism 7da.

Due to

Bilateral Varicose

Due to

Varicose legs 12 yrs.
Ulcers (1944)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Clifford F. Hudson, M.D.

23. SIGNATURE

Fork, Md. Date signed 7/24/48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 27 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100a 07302 182

1. PLACE OF DEATH: Harford
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs
Hospital, institution, or street address where death occurred:
Harford Convalescence Home
How long in hospital or institution? 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....md County.....Harford
City or town.....Bel Air
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME Thomas Harrison Chalk 3. (b) Social Security Number —

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Della E. Larty
6. (c) If alive, give age 80 1/2 years
7. Birth date of deceased (mo., day, yr.) Nov. 21st 1861
8. AGE: Years 86 Months 6 Days — If less than one day — hrs. — min. —

9. Birthplace Baltimore Co., Md.
(Town, county, and state)
10. Usual occupation Farmer

11. Industry or business —
12. Name Jesus Chalk
13. Birthplace Balto. Co., Md.
14. Maiden name Gupton
15. Birthplace Balto. Co., Md.

16. Informant Miss Julia P. Chalk
Address 3906 Old York Rd. Balto. 18.
17. Burial Date thereof July 15-1948
(Burial, cremation, or removal) Which (month) (day) (year)

Cemetery or crematory Baker
Location Aberdeen, Md.
18. Funeral director Henry Taxing & Sons
Address Aberdeen, Md.

19. 7/14 1948 P. Lowwood
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1948, at 5:50 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1948, to July 13 1948
and that I last saw him alive on July 12 1948
Immediate cause of death Septicemia
Due to infection of leg 10 da
varicose ulcer of leg 8/30/47 shw
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

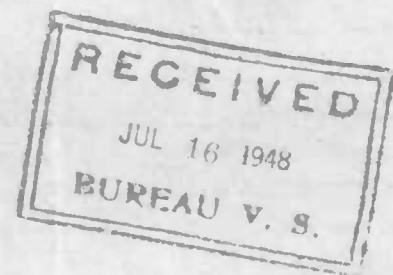
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or other
Address Forest Hill Md Date signed 7/13/48

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

07303

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County Harford
 City or town Harre de Grace Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life in Harford Co.
 Hospital, institution or street address where death occurred:
331 So. Strawberry alley
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford
 City or town Harre de Grace
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 331 So. Strawberry alley
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

William Henry Christy

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Black

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Martha Johnson Christy

7. Birth date of deceased (mo., day, yr.)

Aug. 22 1863

6. (c) If alive, give age years

8. AGE:

841028— hrs. — min.

9. Birthplace

Harford Co. Md.
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER
MOTHER

12. Name

Wm. Christy

13. Birthplace

Md.

14. Maiden name

Safina Brown

15. Birthplace

Md.

16. Informant

George Oliver Christy

Address

Perthman Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof

July 23 1948
(month) (day) (year)

Cemetery or crematory

Swan Creek

Location

Harford Co.

18. Funeral director

R. V. Madison Mitchell

Address

Harre de Grace, Md.

19.

(Date rec'd by registrar)

July 221948G. L. Lewis M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 20 1948 at 9³⁰ A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1 1948, to July 20 1948
and that I last saw him alive on July 20 1948

Immediate cause of death

coronal hemorrhage -

DURATION

1 day

Due to

arterio sclerosis50 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Samuel W. Welch M.D.

M. D. of other

Address

Harre de Grace

Date signed

July 22 1948

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JUL 24 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07304

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford
 City or town Perryman
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 82 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Perryman Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Charles W. Dennison

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Annie Lewis
 7. Birth date of deceased (mo., day, yr.) Sept. 12th 1865
 8. AGE: Years 82 Months 10 Days _____ It less than one day _____ hrs. _____ min. _____
 6. (c) If alive, give age _____ years

9. Birthplace Perryman Harford Co., Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Charles W. Dennison13. Birthplace Maryland14. Maiden name Eliya Webster15. Birthplace Maryland16. Informant Robert A. DennisonAddress Aberdeen, Md. R.D. #117. Burial Date thereof July 24 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Union M. E.Location Near Aberdeen, Md.18. Funeral director Henry Tarrington & SonsAddress Aberdeen, Md.19. July 23 19 48 Nellie H. Wiley
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 19 48 at 8:30 p. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 48 to July 21 19 48 and that I last saw him alive on July 19 19 48Immediate cause of death Chronic Yabru's Heart Disease DURATION 2 yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. K. Dulaney M.D. M. D. or other _____Address Aberdeen Md. Date signed July 23 1948

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JUL 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07305

186-

1. PLACE OF DEATH:

County Harford
 City or town Sabre de Grace
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution or street address where death occurred:
Harford Memorial Hospital
 How long in hospital or institution? 20 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Perryman
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

George S. Ford

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Mrs. Sarah M. Ford

7. Birth date of deceased (mo., day, yr.) May 21, 1861 6.(c) If alive, give age 86 years

8. AGE: Years 89 Months Days If less than one day hrs. min.

9. Birthplace Michaelsville, Harford Co., Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name William H. Ford
 13. Birthplace Harford Co. Md.
 14. Maiden name Harriet Stockham
 15. Birthplace Harford Co.

16. Informant Mr. E. Lawrence Ford
 Address Perryman Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof July 14, 1948
 (month) (day) (year)

Cemetery or crematory Presbyterian
 Location Perryman

18. Funeral director Herbert Varrington & Sons
 Address Abberdeen Md.

19. July 13 19 48 A. L. Lewis M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 19 48 at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19..... to 19.....
 and that I last saw him alive on 19.....

Immediate cause of death toxic enteritis
thrombosis
 Due to Central Embolism
Urinary Retention
 Due to Cardiac Failure
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D.
 Address Harford County Md. Date signed 7/12/48
 M. D. or other

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JUL 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07306

Evidence for change of age shown on:

CERTIFICATE OF DEATH

186a

Reg. Dist. No. 182

FILE No. G 116 JUL 26 1948

1. PLACE OF DEATH:

County Harford
 City or town Burkley
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 yrs
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Harford
 City or town Burkley
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____ (If rural, give LOCATION) no
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Henry Zadeck Garrell

3. (b) Social Security Number

no

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower
 6.(b) Name of husband or wife Elizabeth Garrell
 7. Birth date of deceased (mo., day, yr.) Sept. 27, 1886 8. (c) If alive, give age _____ years
 8. AGE: Years 91 Months 9 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Harford Co., Md.
 (Town, county, and state)

10. Usual occupation Farmer11. Industry or business Crop12. Name James Garrell13. Birthplace Harford Co., Md.14. Maiden name Jaran Connolly15. Birthplace Harford Co., Md16. Informant Mr. Herbert GarrellAddress Charlottesville, Md.17. Burial Date thereof July 15, 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Charlottesville CemLocation Harford Co., Md18. Funeral director H. D. BaileyAddress Charlottesville, Md.Date signed by registrar July 14, 1948Registrar C. V. Kirk

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1948, at 3:40 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12, 1948, to July 13, 1948and that I last saw him alive on July 12, 10:30 P.M., 1948Immediate cause of death Cerebral hemorrhage DURATION 5 hoursDue to fall down stairs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

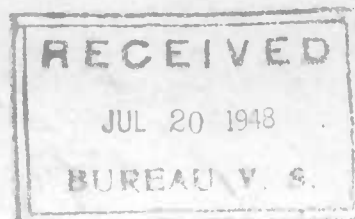
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of July 12, 48Where did injury occur his home (City or town) Harford (County) MD (State)injured at home, farm, industry, public place (where?) homeMeans of injury fall down stairs Injured at work?23. SIGNATURE H. S. Smith M. D. or otherAddress Wilmington, Md Date signed 7/13/48

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

PAGE CONTENT



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

Reg. Dist. No. 0730782

1. PLACE OF DEATH:

County HarfordCity or town Bel-Air Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 22 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Isaac Monroe Higgins

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced MarriedB. (b) Name of husband or wife Ethie Higgins7. Birth date of deceased (mo., day, yr.) April 18, 18718. AGE: Years 77 Months 2 Days 24 If less than one day9. Birthplace Allegheny Co. N. C.
(Town, county, and state)10. Usual occupation Carpenter11. Industry or business Housework12. Name Daniel Higgins13. Birthplace Allegheny Co. N. C.14. Maiden name Caroline Chick15. Birthplace Allegheny Co. N. C.16. Informant Mr Omar HigginsAddress Bel-Air, Md. Rural17. (Burial, cremation, or removal, which?) Burial Date thereof July 4, 1948
(month) (day) (year)Cemetery or crematory Oak Grove CemLocation Harford Co. Md.18. Funeral director H. D. BaileyAddress Charlottesville Md.19. July 13, 48 Registrar C. H. Kirk

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Bel-Air Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Mr
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

218-187-0457

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 19 48 at 6:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 11 19 48 to July 12 19 48and that I last saw him alive on July 12 19 48Immediate cause of death Cerebral HemorrhageDURATION 40 hrs.Due to 1Due to ?Other conditions Essential Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Cause of injury Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or otherAddress Forest Hill, Maryland Date signed 7/13/48

RECEIVED

JUL 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a

Reg. Dist. No.

0720182

1. PLACE OF DEATH:

County... Harford
 City or town... Charlton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... Harford
 City or town... Charlton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION) no
 2(a) If veteran, name war

3. (a) FULL NAME

Mr. Belle Kempf (Kemp)

3. (b) Social Security Number

no

4. Sex Female 5. Color or race White 6. (Single, married, widowed, or divorced) Widow

6. (b) Name of husband or wife James Kemp

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1872 6. (c) If alive, give age years

8. AGE: Years 75 Months 9 Days 17 It less than one day
 hrs. min.

9. Birthplace Gaswell Co., Va.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Wm. M. Kinsley

13. Birthplace Montgomery Co., Va.

14. Maiden name Ellen Catron

15. Birthplace Grayson Co., Va.

16. Informant Mrs. Mary Baldwin

Address Charlton Md.

17. Burial (Burial, cremation, or other) Burial Date thereon July 16, 1948

(Burial, cremation, or other) (month) (day) (year)

Cemetery Summerfield Cem.

Location Grayson Co., Va.

18. Funeral director H. S. Bailey

Address Charlton Md.

19. July 15, 1948 C. V. Kirk

(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 19 48 at 8:20 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 19 48 to July 14 19 48 and that I last saw her alive on July 14 19 48

Immediate cause of death Congestive Heart failure DURATION 2 wks.

Due to Generalized Arterio-Sclerosis - Pericardio-Renal

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dudley Phillips MD M. D. or other

Address Charlton Md. Date signed 7/15/48

RECEIVED

JUL 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 183

07309

4864

1. PLACE OF DEATH:

County HarfordCity or town Jarrettsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County HarfordCity or town Jarrettsville
(If outside city or town limits, write RURAL and give nearest town)Street No. —
(If rural, give LOCATION)2.(a) If veteran, name war —

3. (a) FULL NAME

Augusta Josephine Koerner

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widow8.(b) Name of husband or wife John B. Kaeuer7. Birth date of deceased (mo., day, yr.) Oct 7, 19538. AGE: Years 94 Months 9 Days 14 It less than one day — hrs. — min.9. Birthplace Germany
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name Herman Bergman13. Birthplace Germany14. Maiden name Fredricka Brunes15. Birthplace Germany16. Informant Mrs Chas BreidenbaughAddress White Hall, Md.17. Burial Date thereof July 24-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium St Johns LutheranLocation Sweet Air Md.18. Funeral director Martha E. KuntzAddress Jarrettsville Md.19. July 24 1948 Thomas R Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1948, at 11:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1948 to July 21 1948
and that I last saw her alive on July 20 1948Immediate cause of death Hypostatic Lobar pneumonia DURATION 5 daysDue to —Due to —Other conditions Carcinoma fundus uteri 2 yrs
(Include pregnancy within 3 months of death)Major findings of operations —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) — (County) — (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE Willard P. Hudson M.D.Address Forest Hill Md Date signed 7/22/48

RECEIVED

JUL 28 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

07310

93d

1. PLACE OF DEATH:

County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 71 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No. 300 S. Washington
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Frederick Carroll Lawder

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Grace M. Lawder

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1877 6.(c) If alive, give age years

8. AGE: Years 71 Months 6 Days 6 If less than one day hrs. min.

9. Birthplace Havre de Grace
(Town, county, and state)

10. Usual occupation Retired Secretary

11. Industry or business

12. Name Henry C. Lawder

13. Birthplace Havre de Grace

14. Maiden name Roxanna Moore

15. Birthplace Havre de Grace

16. Informant Grace M. Lawder (Wife)

Address 300 S. Wash. Havre de Grace

17. Burial Burial Date thereof 7/24/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rock Run

Location Near Havre de Grace

18. Funeral directed by Benjamin S. Son

Address Havre de Grace, Md.

19. July 24, 1948 Registrar G. L. Lewis M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1948 at 9:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1948 to July 26, 1948 and that I last saw him alive on July 21-1948

Immediate cause of death Congestive Heart Failure DURATION 4 days

Due to Hypertensive Heart Disease

Due to Cerebral Thrombosis

Other conditions Acidosis, severe secondary anemia.
(Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel P. Dolse, M.D. M. D. or other
Address Havre de Grace, Md. Date signed July 23, 1948

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 88

07311

1. PLACE OF DEATH:

County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 43 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No. 618 Congress
(If rural, give LOCATION)
2.(a) if veteran, name war

3. (a) FULL NAME

Lillian Lawder

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife Harry Lawder Jr.

7. Birth date of deceased (mo., day, yr.) June 25, 1884
6. (c) if alive, give age years

8. AGE: Years Months Days If less than one day
64 0 16 hrs. min.

9. Birthplace Aberdeen, Md.
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name Wm. Baldwin
13. Birthplace Aberdeen

MOTHER 14. Maiden name Susan Murphy
15. Birthplace Aberdeen

16. Informant Harry Lawder Jr. (Husband)
Address 618 Congress St.

17. Burial Date thereof 7/15/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Angel Hill
Location Havre de Grace, Md.

18. Funeral director Burroughs & Son
Address Havre de Grace, Md.

19. July 14 19 48 G. L. Lewis M.D.
(Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 19 48 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 6 19 46 to July 12 19 48

and that I last saw him alive on July 2 19 48

Immediate cause of death Cerebral Hemorrhage DURATION

Due to Hypertension - Cerebral sclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Manner of injury Injured at work?

23. SIGNATURE G. L. Lewis M.D. M. D. or other

Address Havre de Grace, Md. Date signed 7-14-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07312
186

1. PLACE OF DEATH:

County HarfordCity or town Harreds Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

502 Junata St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County HarfordCity or town Harreds Grace
(If outside city or town limits, write RURAL and give nearest town)Street No. 502 Junata St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Carrie Virginia Mitchell

3.(b) Social Security Number

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Griffin W. Mitchell

7. Birth date of

deceased (mo., day, yr.)

May 18 1892

6.(c) If alive, give age

years

8. AGE:

Years

Months

Days

It less than one day

7623

hrs.

min.

9. Birthplace

Harford Co. MD.
(Town, county, and state)

10. Usual occupation

House Duties

11. Industry or business

Wm. Kennedy

12. Name

Ireland

13. Birthplace

Mary Knight

14. Maiden name

MD.

15. Birthplace

Mary Ethel Mitchell

16. Informant

Harreds Grace, R.D.

Address

Burial

17. (Burial, cremation, or removal, which?)

Date thereof

July 24, 1948

(month) (day) (year)

Cemetery or crematory

Rock Run

Location

Harford Co.

18. Funeral director

R. Madison Mitchell

Address

Harreds Grace, Md.

19. (Date rec'd by registrar)

July 22 1948G. L. Lewison

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1948 at 5:56 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6-3 1946, to 7-21 1948and that I last saw her alive on 7-21-48 1948

Immediate cause of death

Coronary Accident

DURATION

Due to

Don't know

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Harreds Grace, Md

M. D. or other

Date signed 7-22-48

RECEIVED

JUL 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C

CERTIFICATE OF DEATH

Reg. Dist. No.

07283

1. PLACE OF DEATH:

County Harford
City or town Crooktown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 65 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford
City or town Crooktown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Nelson Woodward Morse

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced widower

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1882

8. AGE: Years 65 Months 9 Days 9 It less than one day
hrs. min.

9. Birthplace Crooktown, Har. Co.
(Town, county, and state)

10. Usual occupation Lumberman

11. Industry or business

12. Name George W. Morse

13. Birthplace Crooktown, Har. Co.

14. Maiden name Laura Green

15. Birthplace Baltimore, Md.

16. Informant Mrs. Laura Bull

Address White Hall, Md

17. Burial Date thereof July 18, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Wm. Watters Memorial

Location Crooktown, Md

18. Funeral director Martin G. Kuntz

Address Jarrettsville, Md.

July 18, 1948 Thomas R. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1948, at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
_____ 19____, to _____ 19____
and that I last saw h. _____ alive on _____ 19____

Immediate cause of death Crushing injury left chest

Due to _____

Due to _____

Other conditions Compound fracture
left femur
(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/16/48

Where did injury occur Forest Hill Harford Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Md Route # 23

Means of injury His car hit truck Injured at work?

23. SIGNATURE Gerald C. Palmer M.D.
Active Deputy Medical Examiner
Harford County
Address _____ Date signed 7/16/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07314

182

1. PLACE OF DEATH:

County... Harford
 City or town... Bel-air Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 20 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... MD County... Harford
 City or town... Rural - Bel Air
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Kalmar
 (If rural, give LOCATION)
 2.(a) If veteran, name war... WW

3. (a) FULL NAME

FRANK M NELSON

3. (b) Social Security Number

214-24-3276

4. Sex... Male 5. Color or race... White 6. (a) Single, married, widowed, or divorced... Married
 6. (b) Name of husband or wife... Goldie S. Nelson
 7. Birth date of deceased (mo., day, yr.)... August 6, 1881
 8. AGE: Years... 66 Months... 11 Days... 21 It less than one day... hrs. min.

9. Birthplace... Grayson Co., Va.
 (Town, county, and state)

10. Usual occupation... Farmer

11. Industry or business... Crop Farming

12. Name... Mitchell Nelson

13. Birthplace... Grayson Co., Va.

14. Maiden name... Maggie Mitchell

15. Birthplace... Grayson Co., Va.

16. Informant... Mr. Ernie Nelson

Address... Forest Hill Md.

17. Burial... Burial Date thereof... July 30, 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory... Mt Zion Cem.

Location... Harford Co., Md.

18. Funeral director... H. S. Bailey

Address... Arlington Md.

19. Date rec'd by registrar... July 27, 1948 Registrar... C. E. Burk

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 27 1948, at... MD

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1948, to July 27 1948, and that I last saw him alive on July 24 1948.

Immediate cause of death... Chr. Myocardial Disease DURATION... 2 yrs

Due to... Essential Hypertension 590

Due to...

Other conditions... Essential Hypertension 590

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... William P. Hudson, M.D. M. D. or other

Address... Forest Hill Md. Date signed... 7/27/48

RECEIVED

AUG 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 073181

1. PLACE OF DEATH:

County HarfordCity or town Aberdeen
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 hours

Hospital, institution, or street address where death occurred:

Station Hospital, Aberdeen PrGr, Md.How long in hospital or institution? 7 hours 30 Minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Aberdeen
(If outside city or town limits, write RURAL and give nearest town)Street No. B-3-4 Baldwin Manor, Grant Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(a) FULL NAME

BABY BOY NELSON - PETER JOHN NELSON

3.(b) Social Security Number

4. Sex

MALE

5. Color or race

WHITE

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) 7-15-48

8. AGE: Years Months Days If less than one day

7 hrs. 30 min.9. Birthplace Harf Co.
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name Lloyd Stanley Nelson13. Birthplace Mayville W. Dakota14. Maiden name Mary Ons15. Birthplace Maricao, Puerto Rico16. Informant Mrs Mary O Nelson (mother)Address B-3-4 Baldwin Manor, Aberdeen, Md.17. Burial (Burial, cremation, or removal) Which? 7/16/48
(month) (day) (year)Cemetery or crematory Angel HillLocation Havre de Grace, Md.18. Funeral director Mr PenningtonAddress Havre de Grace, Md.19. July 16 19 48 Nellie H. Giley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 July 1948 1948, at 3 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7:30 PM 15 July 1948 to 3:00 AM 16 July 48and that I last saw him alive on 15 July 1948

Immediate cause of death..... DURATION

PrematurityDue to Premature Labor

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operation..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE WALTER M WOLFESta Hosp, Aberdeen PrGr, Md. M. D. or other 16 July 48

Address..... Date signed.....

RECEIVED
JUL 21 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 07316 181

1. PLACE OF DEATH:

County Harford
 City or town Churchville Harford Co
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Churchville Harford Co
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband Clyde Osborne

6. (c) If alive, give age _____ years
 T. Birth date of deceased (mo., day, yr.) March 27-1883

8. AGE: Years 63 Months 4 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace South Co. Va.
 (Town, county, and state)

10. Usual occupation At home

11. Industry or business

12. Name John Percy

13. Birthplace Va

14. Maiden name Mary Jane Swasey

15. Birthplace Va

16. Informant Mrs. Nina M. Percy

Address Churchville Harford Co Md

17. Burial Date thereof Aug. 3-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Churchville

Location Churchville Harford Co Md

18. Funeral director Mary Tandy Sons

Address Aberdeen Md

19. Aug 3 1948 Nellie D. Riley
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1948 at 6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 48 to July 19 48

and that I last saw him alive on July 27 1948

Immediate cause of death Myocardial Ca. skull

Due to Cerebral of heart

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

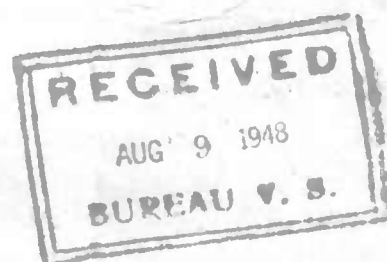
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. Ralph Hoke M. D. or other _____

Address Churchville Md Date signed Aug 2



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

161a

07317

186-

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Harford
 City or town..... HAVRE DE GRACE
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 9 hours 15 min
 Hospital, institution, or street address where death occurred:
Harford Memorial Hospital
 How long in hospital or institution?..... 9 hrs 18 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Harford
 City or town..... Darlington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... R. 2 D. # 2
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

PRESBERRY, Berdell Jr.

3. (b) Social Security Number

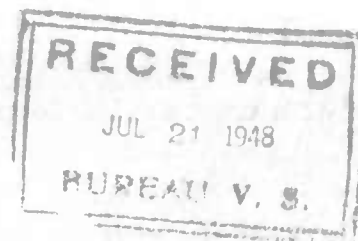
4. Sex..... Male 5. Color or race..... Colored 6.(a) Single, married, widowed, or divorced..... Single
 6.(b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.)..... July 18, 1948
 6.(c) If alive, give age..... years
 8. AGE: Years..... 0 Months..... 0 Days..... 0 If less than one day..... 9 hrs. 18 min.

9. Birthplace..... HAVRE DE GRACE, Harford Co., Md.
 (Town, county, and state)
 10. Usual occupation..... INFANT
 11. Industry or business..... NONE

12. Name..... PRESBERRY, BERDELL
 13. Birthplace..... Maryland
 14. Maiden name..... PRESBERRY, Margaret
 15. Birthplace..... Maryland
 16. Informant..... Berdell Presberry, father
 Address..... Darlington, Md.
 17. Burial Date thereof..... July 18-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Hopeanna
 Location..... Darlington, Md.
 18. Funeral director..... H. D. Bailey
 Address..... Darlington Md.
 19. July 18 19 48 G. L. Lewis M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 18 July 19 48 at 2:00 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 July 19 48 to 19 19 48
 and that I last saw him alive on 18 July 19 48
 Immediate cause of death..... atelectasis - bilateral
 DURATION..... 2 P.M.
 Due to..... aspiration
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings of operations.....
 Date of op.....
 Autopsy results..... Atelectatic lungs
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town)..... (County)..... (State).....
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?
 23. SIGNATURE..... Daniel D. Daker
 M. D. or other.....
 Address..... Havre de Grace Date signed..... 18 July 19 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170 C

07318
185

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Harford Co.
City or town Adover Lee Grace Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs

Hospital, institution, or street address where death occurred:

Memorial Hospital Harford Co.How long in hospital or institution? 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil Co.
City or town Liberty Grove Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Allice Jane Richardson

3. (b) Social Security Number

4. Sex

Female

5. Color of race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age

7. Birth date of deceased (mo., day, yr.)

Sept 12 1939

8. AGE:

Years

Months

Days

If less than one day

810X

hrs.

min.

9. Birthplace

Rising Sun Md.

(Town, county and state)

10. Usual occupation

School Girl

11. Industry or business

FATHER

12. Name

Herbert Richardson

13. Birthplace

M. C.

MOTHER

14. Maiden name

Allice B. Burkino

15. Birthplace

Rising Sun Md.

16. Informant

Allice Richardson

Address

Liberty Grove Md.

17. (Burial, cremation, or removal. Which?)

Date thereof

July 14 1948

Cemetery or crematory

West Nottingham

Location

Colona Md.

18. Funeral director

J. E. Tyson

Address

Rising Sun Md.

19.

(Date read by registrar)

19.

48A. L. Lewis m. d.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 11 1948 at 8:10 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death

Fractured skull compound
Due to Base & result.

DURATION

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of 7-11-48Where did injury occur Accident Cecil Md

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where)

Auto 273

Means of injury

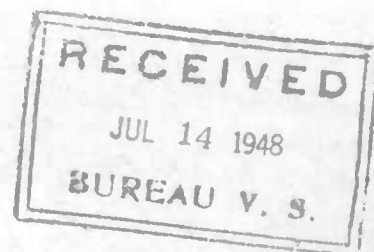
Injured at work?

23. SIGNATURE

Allice Richardson M. D.

M. D. or other

Address Rising Sun Md. Date signed 7/12-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH

County Harford
 City or town Abundum
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 83 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Abundum
 (If outside city or town limits, write RURAL and give nearest town)Street No. 129 Phila. Road
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Onaida L. Ricketts

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Thomas W. Ricketts

7. Birth date of

deceased (mo., day, yr.)

Sept. 14 - 1864

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

if less than one day

831013

hrs.

min.

9. Birthplace

Harford, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Thomas Davis

13. Birthplace

Carl Co. Md.

14. Maiden name

Catherine Hater

15. Birthplace

Germany

16. Informant

Bula D. Hater

17. Address

15 E. Bellin Ave. Abundum Md.

18. Burial

Burial

Date thereof

7/30/48

19. (Burial, cremation, or removal. Which?)

Angel Hill

20. Cemetery or crematory

Harford Grace

21. Location

Pennington & Son

22. Funeral director

Harford Grace, Md.

23. Address

Harford Grace, Md.

24. Date rec'd by registrar

July 30

19

48Nellie H. Ricketts

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 19 48 at 10:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

John 19 48 to July 27 19 48and that I last saw him alive on July 27 19 48

Immediate cause of death

Chronic CoronaryDisease of heart

Due to

Coronary Failure

Due to

Cachexia

Other conditions

Cachexia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Charles J. Fisher, Jr.Harford Grace, Md.Date signed 7/29/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07320
182

1. PLACE OF DEATH:

County Harford
 City or town Bel Air
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Harford
 City or town Bel Air
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Pearl E Roe

3. (b) Social Security Number

ROE

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 19 48 at 3:50 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 19 48, to July 21 19 48, and that I last saw her alive on July 21 19 48.

Immediate cause of death

Cerebral Hemorrhage

DURATION

4 hrs

8. AGE:

Years

61

Months

Days

If less than one day

_____ hrs. _____ min.

9. Birthplace

Forest Hill Md
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

FATHER

12. Name

Stephen A McCommons

13. Birthplace

Md

MOTHER

14. Maiden name

Mary C Bannister

15. Birthplace

Md

16. Informant

Walter C Roe

Address

Bel Air, Md

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

July 24/48
(month) (day) (year)

Cemetery or crematory

Deer Creek M.E

Location

Chesnut Hill Md

18. Funeral director

J. J. Foster

Address

Bel Air, Md.

19.

7/23
(Date rec'd by registrar)48O. Lowwood

Registrar

23. SIGNATURE

Willard P. Hudson M.D.
M. D. or other

Address

Forest Hill MdDate signed 7/22/48

RECEIVED

JUL 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EVIDENCE FOR CORRECTION: OF MARYLAND STATE DEPARTMENT OF HEALTH

QUES. # 3, 9, 12, 13, 14, & 15
SHOWN ON.

2411 N. Charles St., Baltimore

164 C

07321

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

No. 6 117 AUG-25 1948

1. PLACE OF DEATH:

County Harford
City or town Stone de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

Harford Memorial Hosp. Stone de Grace

How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Ind County Cecil
City or town Charenton
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

4. Sex M 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Elinor H. Skimming

7. Birth date of deceased (mo., day, yr.) June 29 1910 6. (c) If alive, give age _____ years

8. AGE: Years 38 Months 1 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Scotland BROOKLYN, N.Y.
(Town, county, and state)

10. Usual occupation Sheet metal worker

11. Industry or business _____

12. Name ALFRED HERRIER MCKSKIMMING

13. Birthplace SCOTLAND

14. Maiden name MARY MARGARET THOMPSON

15. Birthplace SCOTLAND

16. Informant Elinor H. Skimming

Address Charenton Ind.

17. Burial Date thereof 7/22/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Harmon Knolls

Location Port Washington, Long Island N.Y.

18. Funeral director Pennington

Address Stone de Grace

19. July 19 48 G.L. Lewis M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948 at 7:29 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Pneumonia DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 2-20-48

Where did injury occur Charenton Ind. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Revolver Injured at work? _____

23. SIGNATURE Alfred Skimming Medical Examiner

Cecil County M. D. or other _____

Address Charenton Ind. Date signed 7-19-48



RECEIVED

JUL 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07323
182

1. PLACE OF DEATH:

County HartfordCity or town Fallston
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George W Standiford.

3. (b) Social Security Number

214-18-2786

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Bessie Bennett

7. Birth date of deceased (mo., day, yr.)

Feb'y 23- 1886

5. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

72

hrs.

min.

9. Birthplace

Hartford Co., Md
(Town, county, and state)

10. Usual occupation

Clerk

11. Industry or business

Black & Decker

FATHER

12. Name

Matier Standiford

13. Birthplace

Md.

MOTHER

14. Maiden name

Laura Bramble

15. Birthplace

Md

16. Informant

Mrs Bessie B Standiford

Address

Fallston

17.

Burial

Date thereof

July 13/48
(month) (day) (year)

Cemetery or crematory

Union Chapel

Location

Stockton, Md.

18. Funeral director

Joseph J. Foster

Address

Belair, Md.

19.

7/1248

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Hartford

City or town

Fallston
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 10

19

48

at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1948 to July 10 1948and that I last saw him alive on July 10 1948

Immediate cause of death

Coronary thrombosis

DURATION

6 days

Due to

arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Baltimore

Date signed

7/12/48

RECEIVED

JUL 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County.....*Harford*.....City or town.....*Parkersville*.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....*md*..... County.....*Harford*.....City or town.....*Parkersville*.....
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex.....*male*.....5. Color or race.....*white*.....6. (a) Single, married, widowed, or divorced.....*Single*.....

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*July 9*..... 19*48*, at *4 A.* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 19*48*, to *July 9* 19*48*

and that I last saw him alive on..... 19.....

Immediate cause of death.....

DURATION

Chronic myocarditis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*Edward H. Hyman M.D.*.....

M. D. or other

Address.....*Farm Grove, Pa*..... Date signed.....*July 9, 1948*.....3. (a) FULL NAME *William D. Taylor*4. Sex.....*male*.....5. Color or race.....*white*.....6. (a) Single, married, widowed, or divorced.....*Single*.....

6. (b) Name of husband or wife.....

8. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.).....*Oct 10 1844*.....

8. AGE:

Years

Months

Days

It less than one day

hrs.

min.

*83 8 29*9. Birthplace.....*Harford Co Md*.....

(Town, county, and state)

10. Usual occupation.....*Retired Farmer*.....11. Industry or business.....*Farming*.....

MOTHER FATHER

12. Name.....*William Taylor*.....13. Birthplace.....*Harford Co Md*.....14. Maiden name.....*Rose*.....15. Birthplace.....*York Co Pa*.....16. Informant.....*Rose Taylor*.....Address.....*Farm Grove Pa*.....17. *Burial*

(Burial, cremation, or removal. Which?)

Date thereof.....*July 12, 1948*.....

(month) (day) (year)

Cemetery or crematory.....*St Paul's*.....Location.....*Parkersville Md*.....18. Funeral director.....*St Howard Webb*.....Address.....*Farm Grove Pa*.....19. *July 12*

(Date rec'd by registrar)

19. *48**Thomas R. Brown*

Registrar

RECEIVED

DEC 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07324

1. PLACE OF DEATH:

County HarfordCity or town Aberdeen Proving Ground
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

Station Hospital, Aberdeen Proving Ground.How long in hospital or institution? 18 Mar 48 to 27 July 48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Edgewood
(If outside city or town limits, write RURAL and give nearest town)Street No. PO Box 522
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

VOLLERTSEN, MABEL A.

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife T/Sgt Alvin Vollertsen

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July, 21, 19058. AGE: Years 43 Months 7 Days 7 If less than one day hrs. min.9. Birthplace LeHigh County, Penn.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Unknown13. Birthplace USA14. Maiden name Unknown15. Birthplace USA16. Informant Husband Alvin Vollertsen, T/Sgt.Address Edgewood, Maryland (Army Chemical Center)17. Transportation Date thereof July, 30, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Francis F. Seidel Funeral HomeLocation Sinking Springs, Pa.18. Funeral director Howard K. McComas & SonAddress Abingdon Maryland19. Aug 3 19 48 Nellie H. Riley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 July 19 48 at 3:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 March 19 48 to 28 July 19 48and that I last saw her alive on 27 July 19 48Immediate cause of death Heart Failure

DURATION

Due to Diabetes Mellitus 25 yrsDue to Arteriosclerosis, generalized ?Other conditions Nephrosclerosis, arteriolar ?Hypertensive cardiovascular disease

(Include pregnancy within 8 months of death)

Infarct of myocardium, gangrene both legs

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dean H. Williams M. D. or otherAddress Sta Hosp, APG, Md. Date signed 28 July 48

RECEIVED

CERTIFICATE OF DEATH

U.S. DEPARTMENT OF HEALTH

U.S. DEPARTMENT OF HEALTH

RECEIVED

AUG 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07325-185-1246

1. PLACE OF DEATH:

County Harford
 City or town Havre de Grace
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Havre de Grace
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 110 S. Washington
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Marshall Clydia Waller

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Louise B. Waller

7. Birth date of deceased (mo., day, yr.) 3/18/1887 6.(c) If alive, give age.....years

8. AGE: Years 61 Months 4 Days 12 It less than one day.....hrs.min.

9. Birthplace Delaware
 (Town, county, and state)

10. Usual occupation Photographer11. Industry or business Unknown

12. Name FF
 13. Birthplace FF

14. Maiden name FF
 15. Birthplace FF

16. Informant Louise B. WallerAddress Havre de Grace

17. Burial Date thereof 8/3/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Angel HillLocation Havre de Grace18. Funeral director Pennington & SonAddress Havre de Grace

19. Aug. 2 19 48
 (Date rec'd by registrar) Registrar G. L. Lewis M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 19 48 at 1²⁰ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 6 19 46 to 7-31 19 48
 and that I last saw him alive on 7-31 19 48

Immediate cause of death Emphysema
 Due to Hypertrophic Cirrhosis of Heart
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work.....

23. SIGNATURE G. L. Lewis M.D. M. D. or other 8-2-48
 Address Havre de Grace, Md. Date signed 8-2-48

RECEIVED

AUG 4 1948

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence Information

22 shown on:

FILM No. G 117 AUG 27 1948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

Registered No. 181

1. PLACE OF DEATH:

- (a) Baltimore City, Maryland
 (b) Street address Aberdeen, Harford County, Md.
 (c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

- (a) State Md. (b) County
 (c) City or town Baltimore,
 (If outside city or town limits, write RURAL and give town)
 (d) Street No. 5608 Benton Heights Avenue
 (If rural give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3 (a) FULL NAME

SHIRLEY

WILL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

Female

5. Color or race

White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

January 26, 1930

8. AGE:

Years

Months

Days

If less than one day

18

hr.

min.

9. Birthplace

Balto., Maryland

(Town, county, and state)

10. Usual Occupation

Bookkeeper

11. Industry or business

FATHER

12. Name

Harry H. Will

13. Birthplace

Baltimore, Md.

MOTHER

14. Maiden Name

Lillian M. Layton

15. Birthplace

Baltimore, Md.

16 (a) Informant

Harry H. Will (father)

(b) Address

5208 Benton Heights Avenue

17 (a)

Burial

(b) Date thereof

8-4-48

(Burial, cremation, or removal)

(month) (day) (year)

(c) Cemetery or crematory

Parkwood Cemetery

Location

Taylor Avenue

18 (a) Funeral director

Lilly & Zeiler Inc.

(b) Address

1901 Eastern Avenue, Balto. 31

19 (a)

Aug 3

(b)

48

A. W. Hedrick

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1948 at 2:30 A.M.

21. I certify that I took charge of the remains described above, held an

Autopsy

thereon and from the evidence obtained Autopsy, Inspection or Inquiry

by said Autopsy, Inspection or Inquiry, find that said deceased came

to her death on the day stated above, and death in my

opinion resulted from: natural causes ☐, accident ☐, suicide ☐.homicide ☒, undetermined ☐ and that the causes of death were:

Strangulation

IMMEDIATE CAUSE OF DEATH

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 7/30/48 at Between 10 & 11 P.M.

(b) Where did injury occur? Edman Ave. Sinclair Race

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature

August 1, 1948

Medical Examiner.

Date signed